

## Community Pathways Waiver – Current Services

Service Type: Other Service

Service (Name):

Alternative Service Title: **ASSISTIVE TECHNOLOGY AND ADAPTIVE EQUIPMENT**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

### Service Definition:

A. Assistive technology and adaptive equipment means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants which may also support increased community inclusion.

B. Assistive technology and adaptive equipment include:

1. Communication devices;
2. Visual or auditory support technologies;
3. Any piece of technology or equipment that enables an individual greater ability to live independently; and
4. Assessments, specialized training, and upkeep and repair of devices needed in conjunction with the use of devices and equipment purchased under the waiver; and
5. Assistance in the selection, acquisition, or use of an assistive technology and adaptive equipment devices.

C. Assistive technology includes:

1. the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
2. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
3. services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, updating, repairing, or replacing assistive technology devices;

4. coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the Individual Plan;
5. training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and
6. training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

**D. Adaptive equipment includes:**

1. devices, controls, or equipment that enable participants to increase their ability to perform activities of daily living or to perform employment activities, if the equipment would not otherwise be provided by the employer for an individual without a disability;
2. devices, controls, or equipment that enable the participant to perceive, control, or communicate with the environment in which they live or work; and
3. such other durable and non-durable medical equipment not available under the State Plan that is necessary to address participant functional limitation

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**A. These services shall be reimbursed only if:**

1. Pre-authorized by the DDA;
2. In compliance with billing protocols and a completed service report;
3. Approved in the Individual Plan based on appropriate assessment and professional recommendations (if applicable); and
4. Not otherwise available under the individual's private health insurance (if applicable), the Medicaid State plan or through other resources, including services available to an individual under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

**B.** When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition), services may be billed to Medicaid as an administrative cost.

C. Devices, assessments, equipment and items that can be covered under the State Plan should be furnished to waiver participants.

D. Assistive technology and adaptive equipment evaluations and recommendations are limited to non-medical rehabilitation technology that is not regulated by other provisions.

E. Specifically excluded under this service are wheelchairs and power mobility, architectural modifications, adaptive driving, vehicle modifications, devices requiring a prescription by physicians or medical providers.

F. The following are not covered:

1. Services that are of the same type, duration and frequency as other services to which the participant is entitled under the participant's private health insurance, the Medicaid State Plan, Division of Rehabilitation Services (DORS) or through other resources, including programs funded under the Rehabilitation Act of 1973, §110, or Individuals with Disabilities Education Act;
2. Services which are not part of a waiver participant's IP; and
3. Services, equipment, items or devices that are experimental or prohibited treatments by the State or federal authorities including the Health Occupations Licensing Boards and the Federal Drug Administration.

G. The provider is not entitled to reimbursement from the Program unless:

1. The waiver participant meets all waiver eligibility criteria at time of service delivery unless the person is returning to the community from a Medicaid institutional setting, and
2. The provider meets service reporting and invoicing requirements.

H. If the Program denies payment or requests repayment on the basis that an otherwise covered service was not programmatically necessary, the provider may not seek payment for that service from the participant.

I. Payment for services is based on compliance with billing protocols and a completed service report.

J. The provider's administrative fee for providing the service shall not exceed 15% of the total cost of the service provided unless otherwise authorized by the DDA.

**Service Delivery Method (check each that applies)**

☒ Participant Directed as specified in Appendix E

☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

\_\_\_\_\_ Legally Responsible Person

\_\_\_\_\_ Relative

\_\_\_\_\_ Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	DORS approved vendor or DDA certification for people self-directing services
Agency	DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

**Provider Specifications for Services**

**Provider Category:** Individual

**Provider Type:** DORS approved vendor or DDA certification for people self-directing services

**Provider Qualifications License (specify):**

**Certificate (specify):**

DORS approved vendor or DDA certification

1. Basis of Certification - The individual or organization may be deemed DDA or DORS approved based on the following:

a) Recognized Accreditation/Certification

- 1) Acceptable accreditation for umbrella organizations includes Commission on Accreditation of Rehabilitation Facilities (CARF) for Assistive Technology and Alliance for Technology Access, and Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).
- 2) Acceptable accreditation for individuals includes RESNA Assistive Technology Practitioner (ATP ), CSUN Assistive Technology Applications Certificate, Maryland State professional boards in Physical Therapy (PT), OTR/L, CCC-SLP; or

b) Standards for Certification of Individual AT Service Providers – Minimum professional qualifications for certification of individuals includes the following:

- 1) Education: Possession of a Bachelor's Degree in Special Education, Rehabilitation Technology, Rehabilitation Engineering, Speech and Language Pathology, Occupational therapy, Computer Technology or a related field; and
- 2) Experience: Three years of professional experience in adaptive rehabilitation technology in each device and service area for which certification is being requested. Two or more years of experience working with individuals with significant disabilities in other capacities may be substituted for one of the required years of experience in adaptive rehabilitation technology.

2. Individuals and organizations may be certified in one or more of the following device areas and service areas. Minimum requirements must be met for each area for which certification is requested.

a) Device Areas:

- 1) Alternate and augmentative communication
- 2) Adaptive computers interfacing for motor impairment
- 3) Adaptive computers interfacing for cognitive impairment
- 4) Sensory aids for low vision and blindness
- 5) Sensory aids for deafness and hard of hearing
- 6) Electronic environmental controls and telephone access

b) Service Areas (provided at participant's home, vendor office, or off-site location):

- 1) Evaluations and recommendations
- 2) Equipment set-up and configuration
- 3) Software/hardware training

**Other Standard (specify):**

Eligible individuals include those with education and work experience in rehabilitation related fields that meets certification qualifications and who are not directly receiving remuneration or other compensation from and/or representing a sole manufacturer/distributor.

All providers shall:

A. Verify the licenses of all service agencies with whom they contract and have a copy of the same available for inspection; and

B. Verify the licenses and credentials of all professionals whom the provider employs or with whom the provider has a contract with and have a copy of same available for inspection.

## **Verification of Provider Qualifications**

### **Entity Responsible for Verification:**

- Fiscal Management Services (FMS)
- Provider DORS

### **Frequency of Verification:**

- FMS - prior to initial services
- DORS - initial

<b>Provider Category:</b> Agency
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**Provider Type:** DDA Certified Organized Health Care Delivery System Provider as per COMAR 10.22.20

### **Provider Qualifications License (specify):**

#### **License (specify):**

Licensed service provider as per COMAR 10.22.02 for any of the following:

- 1) Community Residential Services - Alternative Living Arrangement, Group Home, Community Supported Living Arrangement or Individual Family Care;
- 2) Day or Vocational Services
- 3) Family and Individual Support Services

### **Certificate (specify):**

DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20

DORS approved vendor or DDA certification

1. Basis of Certification - The individual or organization may be deemed DDA or DORS approved based on the following:

#### **(a) Recognized Accreditation/Certification**

- 1) Acceptable accreditation for umbrella organizations includes Commission on Accreditation of Rehabilitation Facilities (CARF) for Assistive Technology and Alliance for Technology Access, and Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

- 2) Acceptable accreditation for individuals includes RESNA Assistive Technology Practitioner (ATP ), CSUN Assistive Technology Applications Certificate, Maryland State professional boards in Physical Therapy (PT), OTR/L, CCC-SLP; or

(b) Standards for Certification of Individual AT Service Providers – Minimum professional qualifications for certification of individuals includes the following:

- 1) Education: Possession of a Bachelor's Degree in Special Education, Rehabilitation Technology, Rehabilitation Engineering, Speech and Language Pathology, Occupational therapy, Computer Technology or a related field; and
- 2) Experience: Three years of professional experience in adaptive rehabilitation technology in each device and service area for which certification is being requested. Two or more years of experience working with individuals with significant disabilities in other capacities may be substituted for one of the required years of experience in adaptive rehabilitation technology.

2. Individuals and organizations may be certified in one or more of the following device areas and service areas. Minimum requirements must be met for each area for which certification is requested.

(a) Device Areas:

- 1) Alternate and augmentative communication
- 2) Adaptive computers interfacing for motor impairment
- 3) Adaptive computers interfacing for cognitive impairment
- 4) Sensory aids for low vision and blindness
- 5) Sensory aids for deafness and hard of hearing
- 6) Electronic environmental controls and telephone access

(b) Service Areas (provided at participant's home, vendor office, or off-site location):

- 1) Evaluations and recommendations
- 2) Equipment set-up and configuration
- 3) Software/hardware training

**Other Standard (specify):**

Eligible organizations include DORS approved vendor (i.e. rehabilitation or medical facilities, educational or training institutions, non-profit 501c organizations), DDA certified Organized Health Care Delivery System Provider as per COMAR 10.22.20, and businesses not directly receiving remuneration or other compensation from and/or representing a sole manufacturer/distributor. Organizations must have or subcontract with at least one individual who meets the certification requirements indicated under "Individual" above unless otherwise authorized by the DDA.

All providers shall:

A. Verify the licenses of all service agencies with whom they contract and have a copy of the same available for inspection; and

B. Verify the licenses and credentials of all professionals whom the provider employs or with whom the provider has a contract with and have a copy of same available for inspection.

### **Verification of Provider Qualifications Entity**

#### **Responsible for Verification:**

- OHCQ for DDA license
- DORS for DORS approved vendor
- Fiscal Management Services providers

#### **Frequency of Verification:**

- Annual for DDA license
- DORS - initial
- FMS - initial and ongoing